

PROJECT MANAGER QUALIFICATION STATEMENT

Firm's (Or Joint Venture) Name: _____

Address: _____

Federal ID #: _____ Telephone: () _____ Fax: () _____

Name of Proposed Project Director: _____

Has this Joint-Venture previously worked together? ☐ YES ☐ NO

Is this firm: ☐ SOMWBA Certified Minority Business Enterprise (MBE)
☐ SOMWBA Certified Woman Business Enterprise (WBE)
☐ SOMWBA Certified Minority Woman Business Enterprise (M/WBE)

PART 1 - HISTORICAL DATA/ORGANIZATION

1.1 Name and address of parent company, if any: _____

1.2 How many years has your firm been in business under its present business name? _____

1.3 How many years has your firm been offering project management services? _____

1.4 Indicate all other names by which your firm has been known and the length of time known by each name.

PART 2 - ORGANIZATIONAL STRUCTURE - IF A CORPORATION, LIST OR ENCLOSE THE FOLLOWING:

2.1 State of incorporation: _____

2.2 Date of incorporation: _____

2.3 Type of corporation: For Profit: _____ Non-Profit: _____ Publicly Traded: _____ LLC: _____

2.4 Name of president: _____

2.5 Name(s) of vice-president(s): _____

2.6 Name of secretary or clerk: _____

2.7 Name of treasurer: _____

2.8 A copy of your firm's articles of organization or Massachusetts foreign corporation certificate (if an out of state firm) as filed with the Secretary of State of Massachusetts.

- 2.9 A copy of most recent Massachusetts corporation annual report or Massachusetts foreign corporation annual report (if out of state firm) as filed with the Secretary of State of Massachusetts.

IF A PARTNERSHIP, LIST OR ENCLOSE THE FOLLOWING:

- 2.10 State in which organized: _____
- 2.11 Date of organization: _____
- 2.12 Type of partnership: _____
- 2.13 Names of all principal partners: _____
- _____
- 2.14 Attach a copy of business certificate as filed with the clerk of the city or town where partnership is located. Also, attach a copy of the partnership's articles of formation or partnership agreement.

IF A BUSINESS TRUST, LIST OR ATTACH THE FOLLOWING:

- 2.15 State in which organized: _____
- 2.16 Date of organization: _____
- 2.17 Names of all principal officers: _____
- _____
- 2.18 A copy of declaration of business as filed with the Secretary of the Commonwealth.

IF A SOLE PROPRIETORSHIP, LIST OR ENCLOSE THE FOLLOWING:

- 2.19 Date business initiated: _____
- 2.20 Name of owner: _____
- 2.21 A copy of business certificate as filed with town clerk of town where business is located.

PART 3 - HISTORICAL DATA/PERSONNEL

- 3.1 Enclose resumes of all officers, partners, principal individuals and other key personnel in your firm. Information must include:
- a) Educational background
 - b) Project management experience
 - c) Number of years with this firm
 - d) Names of all other firms in which the individual now has or has in the past had a financial interest or decision-making responsibility.
 - e) Licenses held (attach copies)

- f) Other Experience And Qualifications Relevant To The Proposed Project

PART 4 - ORGANIZATIONAL CAPACITY/ EXPERIENCE

- 4.1 List all states in which your firm is legally qualified to do business. _____

- 4.2 Total number of employees: _____

- 4.3 Enclose a list of trade references, including names, addresses and telephone numbers of several firms with which your firm has regular business

- 4.5 Indicate the highest value (construction cost) project management contract entered into by your firm in the past five years including start and end dates, names, and telephone numbers of owner's, designer's and general contractor's representatives.

PROJECT TITLE: _____

CONTRACT AMOUNT: _____

TYPE OF PROJECT (e.g. School, courthouse, police station, etc.): _____

LOCATION: _____

START AND END DATES: _____

REFERENCES:

	<u>COMPANY</u>	<u>CONTACT PERSON</u>	<u>TELEPHONE</u>
OWNER:	_____	_____	() _____
DESIGNER:	_____	_____	() _____
G.C.:	_____	_____	() _____

Is your firm or any individual who owns, manages or controls your firm affiliated with any owner, designer or general contractor named above, either through a business or family relationship? ☐YES ☐NO

Are any of the contact persons named above affiliated with your firm or any individual who owns, manages or control your firm, either through a business or family relationship? ☐YES ☐NO

If you have answered yes to either question, explain.

- 4.6 List all building construction projects your firm is currently **managing** as of the date of this Qualification Statement. If your firm is managing more than twenty (20) projects as of this date, please restrict your list to the twenty oldest contracts still in process. **Information on**

randomly selected projects is not acceptable. Answer all questions. Do not list non-building projects, such as bridge work, tunnels, highways, or site work. Attach additional sheets, if necessary.

Project Title	Location	Type of Project	Contract Amount	% Complete	Start and End Dates	On Schedule?

For all projects managed by your firm (not only those listed), have there been any problems, questions raised, or complaints concerning scheduling, quality, workmanship, coordination or management?

☐ YES ☐ NO

If yes, attach a separate sheet with explanations of problems and attach copies of all complaints received.

- 4.7 List all information concerning references from each project listed in the previous section. Attach additional sheets, if necessary.

PROJECT TITLE	COMPANY NAME	CONTACT PERSON	TELEPHONE
OWNER: DESIGNER: G.C.:			() () ()
OWNER: DESIGNER: G.C.:			() () ()
OWNER: DESIGNER: G.C.:			() () ()
OWNER: DESIGNER: G.C.:			() () ()
OWNER: DESIGNER: G.C.:			() () ()

Is your company or any individual who owns, manages or controls your firm affiliated with any owner, designer or general contractor named above, either through a business or family relationship?

☐ YES ☐ NO

Are any of the contact persons named above affiliated with your firm or any individual who owns, manages or control your company, either through a business or family relationship? ☐YES ☐NO

If you have answered yes to either question, explain.

- 4.8 List all construction projects of at least \$1,500,000 which your firm has managed and completed within the past five years or the twenty most recent projects managed within the past five years. **Information on randomly selected projects is not acceptable.** Do not list non-building projects, such as bridge work, tunnels, highways or site work. Attach additional sheets, if necessary.

Project Title	Location	Type of Project	Contract Amount	% Complete	Start and End Dates

For each of the projects listed, have there been any problems, questions raised, or complaints concerning scheduling, quality, workmanship, coordination, or management? ☐YES ☐NO

If yes, attach a separate sheet with explanations of problems and attach copies of all complaints received.

- 4.9 List all information concerning references from each project listed in the previous section.
Attach additional sheets, if necessary.

PROJECT TITLE	COMPANY NAME	CONTACT PERSON	TELEPHONE
OWNER: DESIGNER: G.C.:			() () ()
OWNER: DESIGNER: G.C.:			() () ()
OWNER: DESIGNER: G.C.:			() () ()
OWNER: DESIGNER: G.C.:			() () ()
OWNER: DESIGNER: G.C.:			() () ()
OWNER: DESIGNER: G.C.:			() () ()
OWNER: DESIGNER: G.C.:			() () ()
OWNER: DESIGNER: G.C.:			() () ()

Is your company or any individual who owns, manages or controls your firm affiliated with any owner, designer or general contractor named above, either through a business or family relationship? ☐YES ☐NO

Are any of the contact persons named above affiliated with your firm or any individual who owns, manages or control your company, either through a business or family relationship? ☐YES ☐NO

If you have answered yes to either question, explain.

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- 4.10 State the highest dollar volume of all construction work you have managed, completed during any twelve month period within the past five years \$_____. During what twelve month period was this work completed? _____-_____. Attach a sheet giving the following backup information.

<u>CONTRACT NAME</u>	<u>PERFORMANCE PERIOD</u>	<u>\$ VALUE OF</u> <u>CONSTRUCTION WORK</u>
	FROM TO	

- 4.11 Please answer the following questions. Information is to cover the past five years immediately preceding the date of submission of this application.

If you answer YES to any question, on a separate page provide a complete explanation. Include all details [project name(s) and location(s), names of all parties involved, relevant dates, etc.].

	YES	NO
A. Has your firm been terminated on any contract prior to completing its work?	<input type="checkbox"/>	<input type="checkbox"/>
B. Within the past five years, has any officer, partner or principal of your firm been an officer, partner or principal of another firm that was terminated or failed to complete a project?	<input type="checkbox"/>	<input type="checkbox"/>
C. Has your firm failed or refused either to perform or complete any of its work under any contract prior to substantial completion?	<input type="checkbox"/>	<input type="checkbox"/>

PART 5 - FINANCIAL DATA

BANK REFERENCES

- 5.1 List the names, addresses and telephone numbers of all banks with which your firm does business. Also, list a contact person(s) in credit department.

FINANCIAL REFERENCES

- 5.2 Attach the most recent, complete year-ending **reviewed** or **audited** statement of financial condition prepared by a certified public accountant (cpa), including balance sheet, income statement, statement of cash flows, and notes. **Compiled statements are not acceptable.**
- 5.3 State name, address and telephone number of the firm that prepared the financial statement.
- 5.4 Has your firm filed for bankruptcy within the past five years? ☐YES ☐NO
- If yes, give particulars, including date and court

- 5.5 Within the past five years, has any officer, principal or individual with a financial interest in your current firm been an officer, principal or individual with a financial interest in another firm that filed for bankruptcy? ☐ YES ☐ NO

If yes, give particulars, including other firm's name, date and court

PART 6 - LEGAL OR ADMINISTRATIVE PROCEEDINGS; COMPLIANCE WITH LAWS

- 6.1 Please answer the following questions. Information is to cover all judicial and administrative proceedings arising within the past five years immediately preceding the date of submission of this application.

The term "Administrative Proceeding" as used herein includes (i) any action taken or proceeding brought by a governmental agency, department or officer to enforce any law, regulation, code, legal, or contractual requirement, or (ii) any action taken by a governmental agency, department or officer imposing penalties, fines or other sanctions for failure to comply with any such legal or contractual requirement.

If you answer YES to any question, on a separate page provide a complete explanation of each proceeding or action and any judgment, decision, fine or other sanction or result. Include all details (name of court or administrative agency, title of case or proceeding, case number, date action was commenced, date judgment or decision was entered, fines or penalties imposed, etc.).

	YES	NO
A. Have any criminal proceedings been brought or concluded adversely against your firm or a principal or officer or anyone with a financial interest in your firm relating to any of the following offenses: fraud, graft, embezzlement, forgery, bribery, falsification or destruction of records, receipt of stolen property, or environmental offenses?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have any judicial or administrative proceedings been brought or concluded adversely against your firm or a principal or officer or anyone with a financial interest in your firm relating to a violation of state or federal procurement laws arising out of the submission of bids or proposals?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have any judicial or administrative proceedings been brought or concluded adversely against your firm or a principal or officer or anyone with a financial interest in your firm relating to a violation of state or federal laws regulating campaign contributions?	<input type="checkbox"/>	<input type="checkbox"/>
D. Have any judicial or administrative proceedings been brought or concluded adversely against your firm or a principal or officer or anyone with a financial interest in your firm relating to a violation of chapter 268A of the Massachusetts General Laws?	<input type="checkbox"/>	<input type="checkbox"/>
E. Have any judicial or administrative proceedings been brought or concluded adversely against your firm or a principal or officer or anyone with a financial interest in your firm relating to a violation of any state or federal law regulating hours of labor, unemployment compensation, minimum wages, overtime pay, equal pay, child labor or worker's compensation?	<input type="checkbox"/>	<input type="checkbox"/>
F. Have any judicial or administrative proceedings been brought or concluded adversely against your firm or a principal or officer or anyone with a financial interest in your firm relating to a violation of any state or federal law prohibiting discrimination in employment?	<input type="checkbox"/>	<input type="checkbox"/>

G. Have any proceedings been brought by any municipal, state or federal agency to debar or suspend your firm or any principal or officer or anyone with a financial interest in your firm from public contracting?	<input type="checkbox"/>	<input type="checkbox"/>
H. Has your firm been debarred for any reason by any state or federal agency?	<input type="checkbox"/>	<input type="checkbox"/>
I. Has your firm been sanctioned for failure to achieve DBE/MBE/WBE goals, workforce goals?	<input type="checkbox"/>	<input type="checkbox"/>

PART 7 - AFFIDAVIT AND NOTARY

The undersigned, _____ hereby certifies that he/she is a
 (type or print name)
 principal of _____, and that all answers and all statements
 (company name)
 contained herein are true and correct and that I am familiar with the Massachusetts State Building Code
 and also Massachusetts General Laws, Chapter 149, Section 44A-44H, Section 44M, and Chapter 30,
 Section 39M. I also certify that the undersigned is an Authorized Signatory of the Firm.

Signed and sworn under the pains and penalties of perjury this _____ day of _____, 20_____.

By (signature): _____

Print name: _____

Title or position: _____

Name of firm: _____

_____, SS.
 (STATE) -- (COUNTY)

BEFORE ME, _____, PERSONALLY APPEARED THE ABOVE-
 (NOTARY PUBLIC)
 NAMED, _____, AND ACKNOWLEDGED THAT HE/SHE IS
 (NAME OF OFFICER)

AUTHORIZED TO EXECUTE THE FOREGOING AND THAT ITS EXECUTION IS HIS/HER'S FREE ACT
 AND DEED AND THE FREE ACT AND DEED OF THE FIRM.

 (NOTARY PUBLIC SIGNATURE)

_____, MY COMMISSION EXPIRES: _____
 (PRINT NAME)